



CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

Mark J Mollon
(signature)
Date of signature and deposit - 3/21/2007

PTO/SB/122 (01-06)

Approved for use through 12/31/2008 OMB 0651-0035
Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/657,591
	Filing Date	09/08/2003
	First Named Inventor	Carl R. Morganti et al.
	Group Art Unit	2836
	Examiner Name	Stephen W. Jackson
	Attorney Docket Number	81131500

Please change the Correspondence for the above-identified application to:

☒ Customer Number 22844
Type Customer No. here

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number, use "Request for Customer Number Data Change" (PTO/SB/124)

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)
☒ Attorney or Agent of record. Registration Number 31,123
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature	<u>Mark J Mollon</u>		
Typed or Printed Name	Mark Mollon		
Date	<u>3/21/07</u>	Telephone	734-542-0900

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of One (1) forms are submitted.